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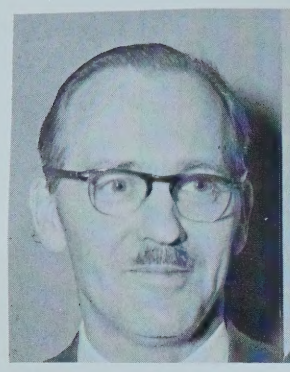
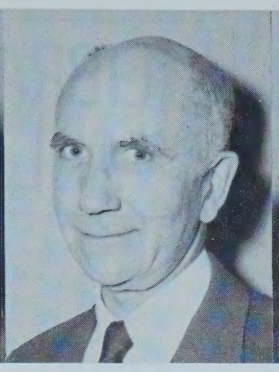
UNIVERSITY OF ALBERTA HOSPITAL

Thirty Third annual report

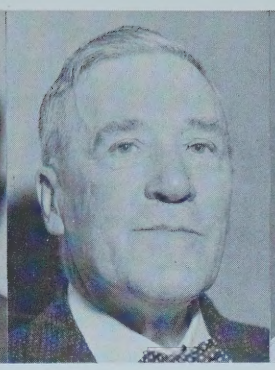
FOR THE FISCAL YEAR ENDING MARCH 31, 1956



ANDREW STEWART
B.S.A., M.A. (Manitoba); LL.D.; *President, University of Alberta*



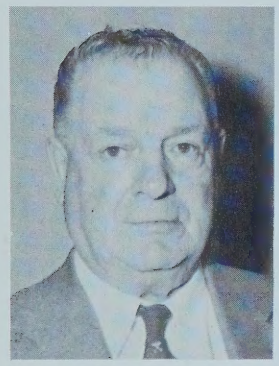
J. W. SCOTT
M.D., C.M. (McGill); L.M.C.C.; F.R.C.P. (C); R.C.P. & S. (C); F.A.C.P.; *Dean, Faculty of Medicine*



W. J. DICK, M.Sc., M.E.I.C.

L. REGINALD ADSHEAD, *Business Administrator and Secretary to the Board*

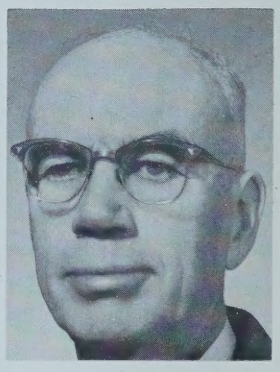
F. G. STEWART, *Assistant Deputy Provincial Treasurer, Province of Alberta*

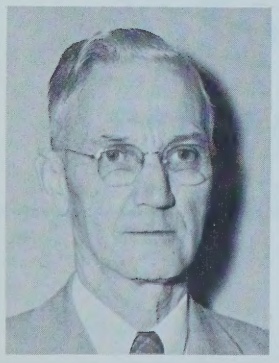


UNIVERSITY HOSPITAL BOARD

D. J. AVISON, D.C.M., M.M.
Chairman

A. C. McGUGAN
M.D. (Alberta); L.M.C.C.; D.P.H. (Toronto); F.A.C.H.A.; *Superintendent, University of Alberta Hospital*





A. SOMERVILLE
M.D. (Manitoba); D.P.H. (Toronto), *Deputy Minister of Health*

EDWARD MATHER, *Administrative Assistant, Department of Public Health, Province of Alberta*

J. CROSBY JOHNSTON
B.S. (Saskatchewan), M.D. (Alberta), D.H.A. (Toronto)
Assistant Medical Superintendent

THE health of our community is the major concern of your hospital. This is shown by the four major functions which your hospital carries out to benefit the people of this province. Of prime importance is the care of the injured and sick but this can only be done better by being complemented by the three other functions: prevention of disease with health promotion, scientific medical education to lay and professional groups and, scientific research to learn better methods of care and treatment of the sick.

How the University of Alberta Hospital does some of these things has been told in a previous publication. Preventive medicine and curative medicine go hand-in-hand and it is not easy to separate these even when the major emphasis of our work must be the care of the acutely ill.

Our hospital provides 24 hour service every day of the year. Emergent medical and surgical problems, urgent obstetrical cases, traumatic injuries from our large industrial area, road and traffic victims are all cared for in our Emergency Unit or are admitted to wards. The extensive facilities to provide care for these groups are now seriously taxed in some areas and plans are going ahead to provide better service units so that no one need be inconvenienced or denied the very best under any foreseeable circumstances.

The past year has seen many changes and improvements, all of which are aimed and planned to better our present care, safety and service. Some of the improvements are: the provision of a new diagnostic X-Ray unit, expansion of special services and research, relocation of the premature nursery, installation of a new telepage system, the addition of a new morgue table, broadening of activities of the Rehabilitation Committee and Medical Social Service, expansion of out-patient psychiatric services, redesignation of floors and wards with standardization of the Fire Alarm Signal System and, establishment of complication committees in the departments of Medicine, Gynecology and Obstetrics.

These changes and additions are invariably preceded by considerable periods of study and trial and, after being instituted or installed soon show their value to patients and staff by increased efficiency, a shortening of days' stay and increased occupancy.

The many major developments and growth of our hospital over the post war years have moved it into the class of the best teaching hospitals in North America. The time should not be far off when it should be designated as a Medical Centre in keeping with its attainments and objectives.

HOSPITAL ACCREDITATION:

Some thirty-five years ago the late Dr. MacEachern began a plan to improve patient care in hospitals in Canada and the United States. Some five years ago there evolved from the great work of this eminent Canadian the Joint Commission on Accreditation of Hospitals. This Commission is formed by international hospital and medical organizations in Canada and the U.S. and functions in our two countries.

Basically, the prime objective of the Joint Commission is to improve the care of patients in hospitals. This aim is accomplished by the setting of standards and asking all hospitals to meet or surpass them. Every aspect of the quality of care is considered in this aim and the methods used.

It is quickly seen that all groups in hospitals are vitally concerned — the boards of trustees, the doctors and the non-medical staffs. But this is only natural since every person desires the best in care when he or she is ill, and for those of us who can help give it, that is the least we can do.

To our patients and the public of this province this means in effect that this hospital fully supports accreditation and the standards set by the Joint Commission, that they will receive the best in treatment from a fully competent medical and lay staff. It also reveals that the management of the hospital demands the best in staff, giving only the best care with the best of modern equipment and facilities.

Hospitals are not judged on what they look like inside and out, but much more on what is done in them — how the people in the hospital help the patient to get well sooner.

The Joint Commission does not come to assess a hospital except on request. It is not a police body but shows how best to achieve our common goals from the experiences of many hospitals. In some instances restrictions must be applied — but only to be sure highest standards are reached.

This, our hospital has always been fully accredited and should continue to be so. It is the constant aim of our staffs and Board of Trustees to provide the best care in the best physical plant. Hospital accreditation helps us to meet this goal for the benefit of all who come to us for help.

REPORT OF THE SUPERINTENDENT

Mr. D. J. Avison,
Chairman,
University of Alberta Hospital Board.

Sir:

I have the honour to submit this, the thirty-third annual report, covering the operation of the University of Alberta Hospital for the fiscal year ending March 31, 1956.

PERSONNEL OF THE HOSPITAL BOARD

There has been no change in the personnel of the Hospital Board during the year.

DEATHS

It is with deep regret that we record the death of Mr. James Walker, a former Chairman of the Board from 1951 to 1954. Mr. Walker made an outstanding contribution to the University of Alberta Hospital during his term of office.

APPOINTMENTS AND RESIGNATIONS

APPOINTMENTS

The following new appointments to the staff have been approved by the Hospital Board during the year:

J. C. Callaghan, M.D., B.Sc. (Med.), M.S. (Toronto); F.R.C.S. (C)—Cardiac Surgery
G. W. Cameron, B.A.; M.D., C.M.; F.R.C.S. (C)—Orthopaedic Surgery
M. T. F. Carpendale, M.R.C.S. (London); L.R.C.P. (England)—Director of Rehabilitation
C. E. Holmes, B.A., M.D.; L.M.C.C.; Spec. Cert. Diag. & Ther. Radiol., R.C.P. & S. (C)—Radiology
A. S. Little, M.D.,; F.R.C.P. (C)—Internal Medicine
A. G. Stewart, B.A., M.A. (Queen's); Ph.D. (U.W.O.)—Biochemistry

RESIGNATIONS

The following have resigned and left the City of Edmonton:
R. L. Wiggins—Ophthalmology
G. G. Copestake—Radiology
H. V. Rice—University of Alberta

SPECIAL SERVICE DEPARTMENTS

Our new building will be completed in the course of a few months and will bring the bed capacity of the hospital to a total of 1,200. This building is designed primarily as a rehabilitation and paediatric unit, and was built for the care of poliomyelitis cases, but will be available for the rehabilitation of all types of cases, particularly orthopaedic. The unit will be equipped with all modern equipment for rehabilitation. There will be 80 paediatric beds in the unit, bringing our total of children's beds to 140.

The special services which previously we have established are becoming increasingly active. Particular reference might be made to such laboratories as the Metabolic, Pulmonary Function, Radio-Isotope, Electroencephalographic. Also particular reference might be made to the progress which has been made during the year in Cardiovascular and Peripherovascular Surgery. In addition to our Bone

Bank, we now maintain a Tissue Bank, well stocked with blood vessels which are used for grafting purposes. The Psychiatric Unit, designed for the active, short-term treatment of a selected group of individuals suffering from acute mental maladjustments has become increasingly busy.

OUTPATIENTS DEPARTMENT

The hospital operates several out-patient departments, both on the hospital premises and in the city centre area. Our downtown out-patient department has been moved to the Alberta-Jasper Building, where very adequate quarters and facilities have been provided. The medical staff of the hospital provides medical examinations gratuitously to out-patients. Any individual in the Province of Alberta below a certain income level may present himself at this clinic for medical evaluation and treatment.

Mrs. Elizabeth O. Porritt, R.N., who has served the University of Alberta Hospital for a period of thirty-three years, retired as Supervisor of the Out-Patient Department during the year, and was succeeded by Mrs. H. C. Carlyle, R.N.

EMERGENCY

The hospital also operates an emergency department with emergency examining and operating rooms. This unit is in keeping with the general trend to make the hospital a community health centre. This service is emergent and is not a free service similar to that maintaining in the Out-Patient Department. However, any emergent case is accepted and treated.

TRAINING AND RESEARCH

The training of students in all fields of hospital service is one of the major functions of the hospital. In-service training is provided for medical students, medical graduates, nurses, physiotherapists, clinical laboratory technicians, radiography technicians, dietitians and pharmacists.

MEDICAL STUDENTS AND GRADUATES

Medical Students and Graduates — Essentially all lectures in medicine in the two senior undergraduate years, and a large number of the clinics are offered in this hospital. Certain wards have been assigned particularly to teaching.

MEDICAL GRADUATE LEVEL

Medical Graduate Level — The University of Alberta Hospital has been approved by the Royal College of Canada for the training of doctors at graduate levels in nearly all specialties. These courses are five-year, post graduate courses, and are designed to enable those taking them to qualify for certification or fellowship examinations in the Royal College of Physicians and Surgeons of Canada.

RESEARCH

Research — A number of fellows are working on clinical research projects in various departments of the hospital.

NURSING

Nursing — With the expansion of the hospital, it has been necessary to increase the number of nurses being graduated each year. Presently it is our policy to accept about 120 nurses per year for training and to graduate a corresponding number. The number of students admitted for training each year has been doubled. It has been necessary to provide additional dormitory and classroom space for the additional numbers admitted.

THOSE SERVED

Approximately 55% of our admissions come from outside the City of Edmonton. This 55% is made up of 29% from rural Alberta, 21% from other urban centres in the Province, and 5% from outside the Province. Approximately 80% of the patients admitted to this hospital are referred to members of the attending staff. These referred cases present special problems in diagnosis and treatment. The University of Alberta Hospital operates the Colonel Mewburn Pavilion for the Federal Department of Veterans' Affairs, and provides services, including nursing, food, x-ray, surgical, clinical laboratory, and rehabilitative services.

AID

The Administration wishes to express its appreciation of the voluntary aid received from various organizations. Approximately one hundred specially qualified volunteer workers assist the regular staff in the care and entertainment of patients, particularly children and patients on the poliomyelitis respirator ward. While it is difficult to enumerate all the groups which have provided assistance to the hospital, I wish to acknowledge the very material assistance received from our hospital Women's Auxiliary. Approximately one hundred members of this group assist the regular staff in the care and entertainment of patients. The Alberta Division of the Canadian Foundation for Poliomyelitis has been particularly generous in the provision of training for staff personnel. I wish also to acknowledge the assistance received from the Junior Hospital League, the Lady Aberdeen League, the University Women's Club, the Lady Jaycees, the Edmonton Volunteer Services Bureau, the Associated Canadian Travellers' Association, the Edmonton Shriners, the Edmonton Kinsmen Club, the Alberta Division of the Canadian Cancer Society, the National Council of Jewish Women, the Merrill Muttart Foundation, McBain Camera Supplies and Mr. G. E. Lefebvre. To all these friends of our patients, I wish to express the very sincere appreciation of the Administration.

It affords me pleasure to acknowledge the help which I have received from the members of the Hospital Board, and the loyal co-operation which I have received from all the professional and lay departments of the hospital. The loyalty of the members of our staff has made it possible for us to maintain and improve our standards of patient and teaching services.

All of which is respectfully submitted.

A. C. McGugan, M.D.,
Superintendent.

OUR MAIN SOURCES OF INCOME

Year Ended March 31, 1956

Federal Government on behalf of D.V.A. patients	486,182.00
Provincial Government direct hospitalization payments	903,286.00
Provincial-Municipal Hospitalization Plan	477,752.00
Private and Semi-Private differentials	173,934.00
Other Sources (Private Patient Revenue, W.C.B., Blue Cross, Private Insurances)	1,706,419.00

OUR PRINCIPAL DISBURSEMENTS

Payroll	2,101,592.00
Food	383,804.00
Medical Supplies	476,846.00
Maintenance incl. Light, Heat and Water	294,113.00
Miscellaneous	106,269.00

PRINCIPAL ASSETS OF THE HOSPITAL

Cash on hand and in Bank	144,150.00
Inventories of goods on hand	155,528.00
Accounts Receivable less provision for doubtful accounts	630,078.00
Plant Funds including Land, Buildings and Equipment	7,521,424.00

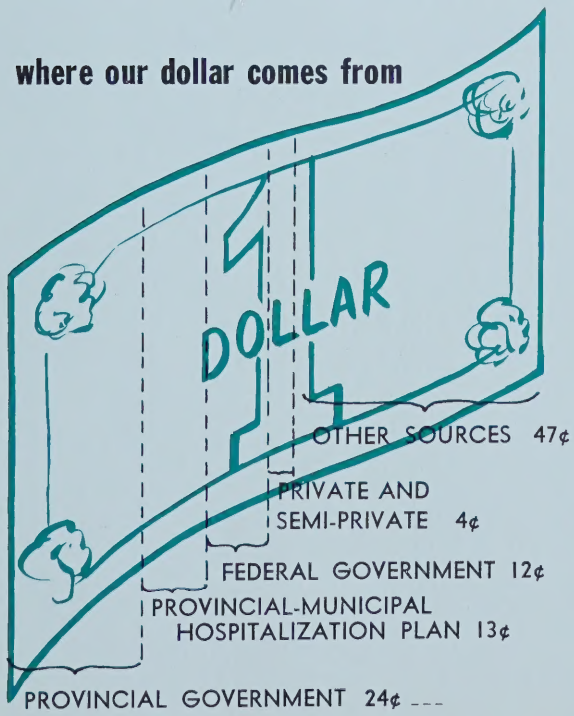
CURRENT LIABILITIES

Trade Accounts, Salaries and Wages due	104,987.26
Advance for working Capital	147,200.00

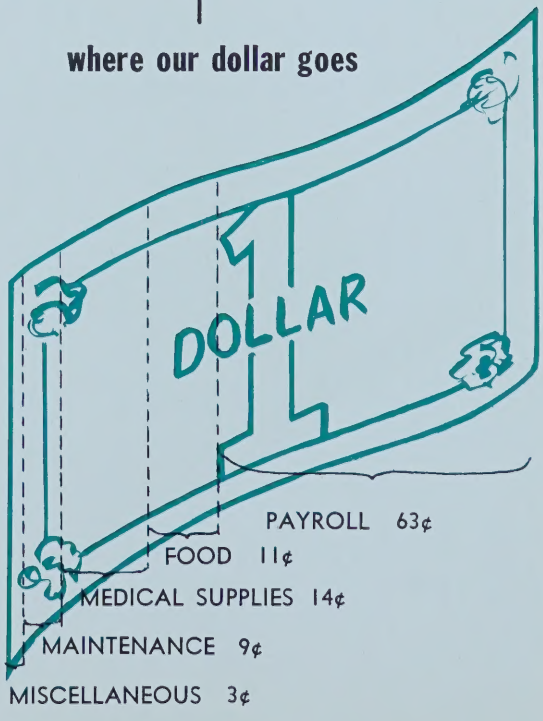
SOURCE OF CAPITAL FUNDS

Province of Alberta	6,969,558.95
University Hospital	1,175,084.07

where our dollar comes from



where our dollar goes



STATISTICAL SUMMARY FOR YEAR ENDING 31 MARCH, 1956

ADMISSIONS:

Total	17,438
Private	1,047
Semi-private	3,300
Public	8,974
Staff	156
Others	4,141

ADMISSIONS BY DEPARTMENTS OR DIVISIONS:

Medical	3,874
Surgical	3,070
Obstetrical	1,730
Gynecological	1,442
EENT	1,185
Orthopedics	1,684
Dermatology	148
Neurosurgery	600
Pediatrics	663
Metabolic	509
Genito-Urology	802
Cardiology	113
Others	1,618
Number of deaths in the year	449
Number of autopsies in the year	316
Percentage of autopsies in the year	70.37
Total number of patient days	248,373
Daily average number of patients	679.86
Average stay per patient	14.24
Per cent of bed occupancy	74.71

OPERATIONS:

Total	9,135
Major	3,019
Minor	6,116

X-RAY DEPARTMENT:

Radiographs (films)	61,945
Raidograph examinations	23,433

CLINICAL LABORATORY SERVICE:

Examinations	263,559
BMR's	718
ECG's	3,766

OUT-PATIENT DEPARTMENT:

Patients enrolled	1,501
Total visits	8,732
Patients admitted to University Hospital	293

DIETARY:

Total meals served	1,308,687
Total raw food costs	$310,894.46

REHABILITATION:

Physiotherapy and Massage:	
Total treatments given	21,326
Remedial Exercises:	
Total number given	15,346
Occupational Therapy:	
Total treatments given	6,385

PHARMACY:

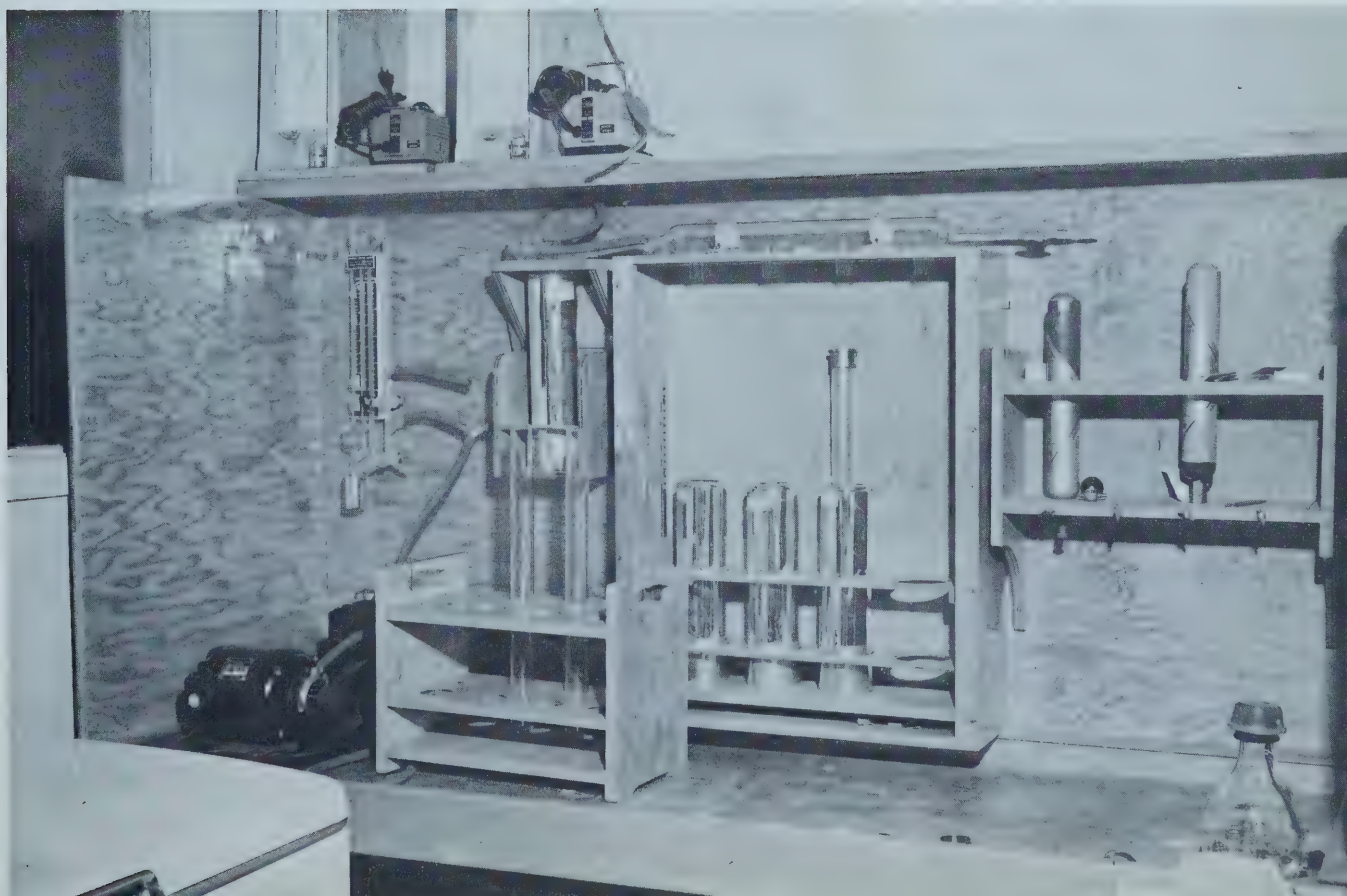
Cost of drugs used	$174,313.53

PERSONNEL:

Total number of paid employees, 31 March	907
Turnover of budgeted establishment	1.81

View from the south showing latest addition, Poliomyelitis and Pediatric Unit on the left

A section of the Preparation Area of the Blood Vessel Bank



MEDICAL STAFF

ACTIVE STAFF
(INDOOR APPOINTMENTS)

DEPARTMENT OF MEDICINE
(Director—Doctor D. R. Wilson)

Division of Medicine

D. R. Wilson, B.A. (Oxford); M.D., C.M. (McGill); L.M.C.C.; F.R.C.P. (C); Spec. Cert. Int. Med., Alberta; F.A.C.P.

D. M. Bell, B.A., M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C).

G. I. Bell, B.Sc., M.D. (Alberta); L.M.C.C.; F.A.C.P.; Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta.

M. M. Cantor, B.Sc., M.D. (Manitoba); L.M.C.C.; F.A.C.P.; Spec. Cert. Int. Med., R.C.P. & S. (C).

E. F. Donald, M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta.

J. Dvorkin, M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta

J. F. Elliott, B.A., M.D. (Alberta); L.M.C.C.; F.R.C.P. (C); Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta, F.A.C.P.

R. S. Fraser, B.Sc., M.D. (Alberta); L.M.C.C.; M.Sc. (Bio.); F.R.C.P. (C).

J. A. L. Gilbert, M.B., Ch.B., M.D., F.R.C.P. (Edinburgh); M.R.C.P. (London); F.R.C.P. (C); Spec. Cert. Int. Med., R.C.P. & S. (C).

S. E. Greenhill, M.D. (Toronto); L.M.C.C.; D.P.H.; Spec. Cert. Int. Med., R.C.P. & S. (C).

K. A. Hamilton, B.A. (Toronto); B.A., B.M., B.Ch. (Oxford); M.R.C.P. (London); F.R.C.P. (C); Spec. Cert. Int. Med. and Psych. (Alberta); F.A.C.P.

E. G. Kidd, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C).

F. B. Rodman, B.Sc., Pharm.; B.Sc., M.Sc., Ph.D. (Minnesota); M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C).

J. W. Scott, M.D., C.M. (McGill); F.R.C.P. (C); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C), F.A.C.P.

S. M. Scott, M.D. (Manitoba).

P. H. Sprague, M.D. (Alberta); M.S. (Minnesota); L.M.C.C.; F.A.C.P.; Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta. Dipl. Amer. Bd. Int. Med.

R. K. Thomson, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med.; R.C.P. & S. (C), and Alberta; F.A.C.P.

Division of Dermatology

P. L. Rentiers, B.A., M.D. (Alberta); L.M.C.C.; M.S. (Minnesota); Spec. Cert. Derm. & Syph., R.C.P. & S. (C).

Division of Pediatrics

J. Calder, Director, M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

H. B. Armstrong, M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

L. E. Beauchamp, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

N. F. Duncan, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta; F.A.A.P.

T. A. Gander, M.B.E., M.D. (Alberta); L.M.C.C.; F.A.A.P.

L. C. Grisdale, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

K. A. Swallow, B.Sc., M.D. (Alberta); L.M.C.C., Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

Division of Psychiatry

S. S. Spaner, Director, B.A., M.D. (Alberta); L.M.C.C.; Spec. Cert. Psych., Alberta.

G. D. Carson, M.D. (Alberta); L.M.C.C., Spec. Cert. Psych., Alberta.

Division of Rehabilitation

M. C. Adamson, M.D. (Manitoba).

DEPARTMENT OF SURGERY
(Director—Doctor W. C. MacKenzie)

Division of General Surgery

W. C. MacKenzie, B.Sc., M.D., C.M. (Dalhousie); L.M.C.C.; F.R.C.S. (C); F.A.C.S.; Spec. Cert. Gen. Surg.; R.C.P. & S. (C), and Alberta; Dipl. Amer. Bd. Surg.

R. L. Anderson, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg.; R.C.P. & S. (C), and Alberta; F.A.C.S.

M. E. Geissinger, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); F.A.C.S.; Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta

R. C. Harrison, M.D. (Alberta); L.M.C.C.; M.S.; F.R.C.S. (C); Dipl. Amer. Bd. Surg. Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta.

R. J. Johnston, B.S., M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg., F.A.C.S.; Dipl. Amer. Bd. Surg.

R. A. Macbeth, B.A., M.D. (Alberta); L.M.C.C.; M.Sc. Surg. (McGill); F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C).

A. B. McCarten, M.D. (Manitoba); L.M.C.C.; F.R.C.S. (England); F.R.C.S. (C); Spec. Cert. Surg., R.C.P. & S. (C), and Alberta.

H. Meltzer, M.D. (Manitoba); L.M.C.C.; Founding Member Amer. Bd. Thor. Surg.; Spec. Cert. Thor. Surg., R.C.P. & S. (C), and Alberta.

B. Michalyshyn, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Surg., R.C.P. & S. (C); and Alberta; F.A.C.S.

W. C. Whiteside, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); F.A.C.S., F.I.C.S.; D.A.B.S. (Thor.); Spec. Cert. Gen. Surg., R.C.P. & S. (C); Cert. Thor. Surg., R.C.P. & S. (C), and Alberta.

G. L. Willox, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta; F.A.C.S.

T. S. Wilson, B.Sc. (New Brunswick); M.D. (Toronto); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta.

Division of Genito-Urologic Surgery

G. N. Ellis, Director, B.A., M.D., C.M. (Queen's); L.M.C.C.; Spec. Cert. Urol., R.C.P. & S. (C), and Alberta; F.A.C.S.

R. R. Francis, B.A., M.D. (Alberta); F.R.C.S. (C); F.A.C.S.; Spec. Cert. Urol., R.C.P. & S. (C), and Alberta.

J. O. Metcalfe, B.S., M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Urol., R.C.P. & S. (C), and Alberta.

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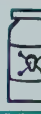
242	PHARMACY PRESCRIPTIONS
2,701,868	CU. FT. OF WATER
270,018	LBS. OF STEAM
12	PURCHASE ORDERS ISSUED EXCLUDING CONTRACTS PURCHASED
20	OPERATIONS
907 EMPLOYEES	



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F. L. Roberts, M.D.

THE MEDICAL STAFF

The Medical Staff comprises some 145 doctors from the Edmonton area. These men and women are divided into five staff categories in accordance with the requirements of the several organizations which grant hospital approval.

The staff functions in what is known as a "closed staff" and appointments are made among the outstanding members in all of the medical specialties in the city. As our hospital is a teaching hospital all our active staff members devote a large part of their time to teaching duties in the hospital. Besides teaching at the Out-Patient Department and giving care there to patients in the many specialties they also give time and service to the Emergency Unit and provide full hour to hour coverage to the ever increasing numbers coming through this active section.

One cannot overlook the very considerable amount of time that our medical staff devotes to the work of several important and necessary committees which are so vital for the organization and function of medical work in the hospital. The Medical Advisory Board is the parent committee for all others and is the group that works closely with the Hospital Board on all broad matters of medical policy. It is this committee that recommends staff appointments and renewals.

A considerable volume of work is done by the Executive Committee of the medical staff. Other busy committees are the Records Committee, Committee on Laboratory Services, the Committee on Laboratory Methods, the Library Committee, Committee on Pharmacy and Therapeutics, and several special committees which are convened from time to time. One of these is a committee established to study and plan for future service needs and allocation of space in newly planned facilities.

The House Staff Committee is a standing committee of the Board and is entirely responsible for the education and training of all house staff. This is a busy group and must interest itself in each graduate doctor in the planning and assisting of the doctor's post graduate medical education. The committee is closely associated with the Committee on Post Graduate Medical Education of the Faculty of Medicine, University of Alberta in relation to the in-hospital training of post-graduate fellows who are not on the hospital house staff.

One of the improvements to patient care initiated by our Medical Staff has been the establishment of the Periphero-Vascular Clinic. This Clinic is used to study and diagnose special diseases of the blood vessels. After thorough review by the clinicians the patient is referred back to his own doctor with the suggested outline of treatment.

The field of heart surgery has been extended to the performance of more complicated procedures on the heart vessels and to correct defects in the heart. These very specialized procedures are all planned well in advance and based upon much experimental and investigative work. This extension of the field of surgery has been of great benefit to many patients referred from many parts of the province. The Department of Medicine works very closely with the Department of Surgery on these difficult heart cases and the true concept of a total medical team is here well demonstrated.

Papers Presented at Medical Staff Meetings from 1 April, 1955, to 31 March, 1956:

4 April '55	"Some Observations of Current Medical Practice in Britain"—*Dr. J. A. L. Gilbert*
2 May '55	"The Use of X-Rays in the Cardiac Unit"—*Dr. G. G. Copestake*
6 June '55	"E.E.G. Service — University of Alberta Hospital"—*Dr. H. V. Rice*
6 Sept. '55	"Trends in Hospital Design During the Past Two Decades"—*Dr. A. C. McGugan* "Experience with Exchange Transfusions in the University of Alberta Hospital"—*Dr. K. J. Moffitt*
3 Oct. '55	"First International Congress of Plastic Surgery"—*Dr. E. Hitchin* "Introduction to Function of New Peripheral Vascular Unit"—*Dr. R. A. L. Macbeth*
7 Nov. '55	"Obstetrics—Then and Now"—*Dr. J. R. Vant*
5 Dec. '55	"The Use of Homografts and Plastic Prostheses for Replacement of Great Vessels"—*Dr. J. C. Callaghan*
3 Jan. '56	"The Emergency Service"— Surgery—*Dr. T. S. Wilson* Medicine—*Dr. E. G. Kidd* Anesthesia—*Dr. D. F. Cameron*
6 Feb. '56	"The Scope and Limitations of a Virus Diagnostic Laboratory"—*Dr. J. W. Carmichael; Dr. C. R. Amies*
5 Mar. '56	"Esophageal Hiatus Hernia and Some of Its Complications"—*Dr. E. C. Elliot*

Recipients of Twenty-five Year Service Pins awarded 28th March, 1956 at the joint meeting of the Hospital Board and Medical Advisory Board.

Mr. Robert Sherriff
Chief Groundsman and Gardener

Mrs. Julia McNeill
Assistant Supervisor, Nurses' Residence

Miss Margaret Ann Scott
Linen Room Supervisor

MEDICAL LIBRARY

One of the most useful adjuncts to medical education is a good Medical Library. In the early part of this fiscal year the former Board Room was completely remodelled and made into a modern library. Many books and publications formerly located in several areas were consolidated and placed in the new facility. In addition large numbers of new texts were purchased as well as new journal subscriptions begun. Usable texts on a great range of medical subjects were donated by the medical staff, for which the hospital is greatly appreciative.

This library with its fine appointments is being used in an ever increasing amount by our Medical Staff, House Staff and student trainees in several hospital departments. It is not intended to supplant other library services available elsewhere but to provide ready and needy reference material quickly.

This library is directed by a Medical Library Committee of the Medical Advisory Board and a senior member of the House Staff sits with the members from the attending staff.

A section of the new Medical Library

REHABILITATION MEDICINE

Over many years tradition has shown that there are two broad classes of patients going to general hospitals for care — those with acute diseases and those with long term illnesses. Even with this concept our general hospitals have largely been designed, built and operated to cope with the acute diseases, perhaps because of their more immediate concern. It is only over the last ten years that proper consideration has been given to the patients having long term diseases.

As our horizons widen to give total patient care we find large areas which, though slower in developing, are being developed to bring the greatest possible benefits of medical sciences and skills to all classes of patients. In our newer planning we aim to halt the deteriorating diseases, to restore and maintain the patient at the highest possible levels of good health and socio-economic usefulness.

The latest area to receive concerted efforts is that of Rehabilitation Medicine. The patient must be restored as a whole patient, not merely the recovery from a prolonged disease or injury. Many activities and facilities must all be integrated and used to achieve the end of total rehabilitation. Problems to be solved stem from the illness: problems on how to make a living after being reduced in efficiency; problems of an emotional nature; problems in family adjustment; problems in community acceptance of the handicapped worker. These and many more are the things that a modern rehabilitation department must solve for all whom it serves. It is soon apparent that in a reverse sort of sense the problems of the long term sick are extended to the acutely ill but not to same extent nor with the same emphasis. Rather, the emphasis on these will be on the physical recovery for quick return to the usual vocation with minimal social readjustments.

For the past four years extensive planning and building have taken place to meet the expanding community needs for full rehabilitation services. These efforts are showing fruition as one sees the magnificent new addition on the south-west area of the main hospital buildings, constructed and equipped to care for children, poliomyetic and long term patients.

To carry out the aims and ideals of a full rehabilitation program there are now functioning coordinating teams of specialists consisting of medical doctors, physiotherapists, social workers, vocational guidance specialists, nurses, psychiatrists and psychologists, occupational therapists and educators.

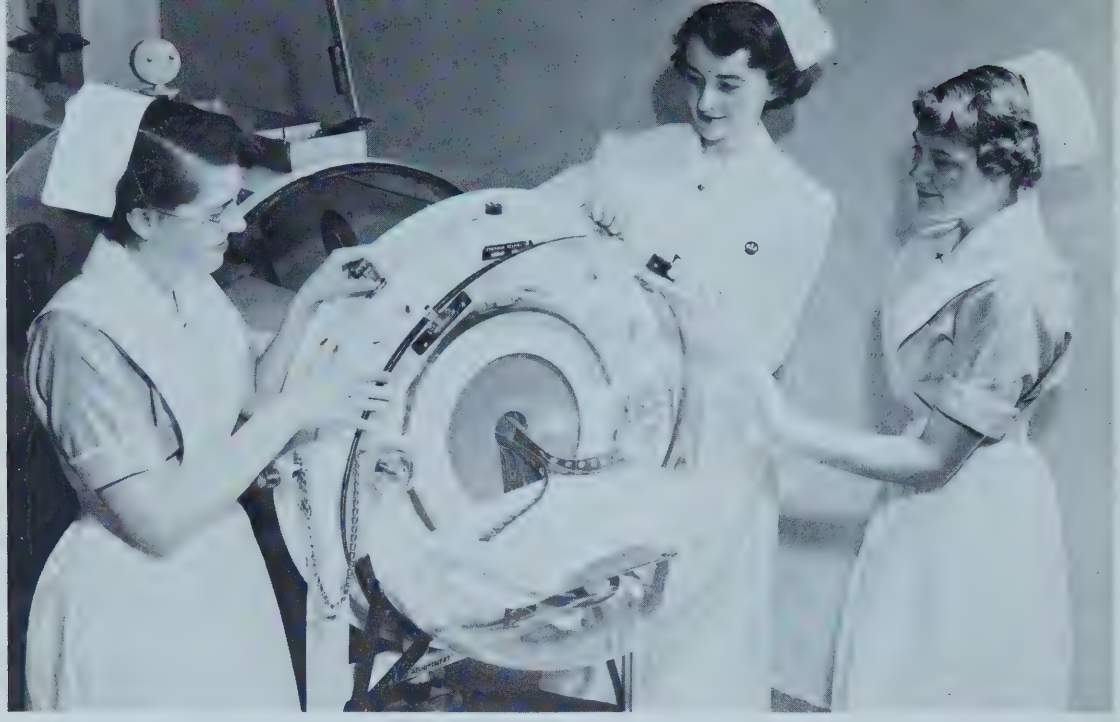
The physical facilities are fully in keeping with the latest concepts and teachings and greatly surpass those presently in use. That they will be utilized in the special section of this new building, to to the fullest is a certainty, and it will then be possible to give total care to a much larger group than presently feasible.

Integrating our present programs and planning for the new facility is our hospital Rehabilitation Committee. This group meets every two weeks to review selected patients and plan suitable courses of treatment, appropriate study courses, plan socio-economic readjustment and post-discharge recommendations.

To complete the total picture has been the appointment by the Hospital Board of a new Director of the Department of Rehabilitation in advance of the opening of the new addition.

A section of the Respiratory-Physiology Laboratory

Cardiac catheterization in progress.



A clinical demonstration on the use of body respirators

EMERGENCY UNIT

In every large urban area there are innumerable emergent situations arising, many of which require prompt and proper medical care. In the Edmonton area this fact is readily demonstrable. Our city is now a large metropolitan centre in which persons suddenly taken sick, or injured in home, industrial or traffic mishaps must receive immediate care. Our hospital with its Emergency Unit aims to meet these needs. Each year sees more and more people coming for care. No one is refused and the Unit functions all day every day.

The Emergency Unit is staffed by graduate doctors, graduate and student nurses and nurse aides. Each patient is assisted in having the services of his or her own doctor, but where this is not feasible one of the specialist doctors is called to give care. This close liaison with the family doctor is a great help to the patient and makes for better after care that is so often necessary.

Plans for enlarging the Emergency Unit are already being made so that this section may continue to give the best that is needed for our rapidly expanding and growing city.

DEPARTMENT OF RADIOLOGY

In the past year the Division of Radiology was raised to a full Department. This is significant because it indicates the steady growth of and increased scope in the work being done.

The year ended has shown a progressive increase in the number of patients examined, and the number of radiographic examinations as compared with 1954. It is gratifying to note also that the numbers of deep and superficial radiation treatments given have shown an increase.

In the department a new 300 m.a. X-Ray machine was installed. This new unit can be used for both fluoroscopic and diagnostic work. A further addition, for use with the Cardiovascular Unit, is the multichannel electronic machine for doing complicated studies on heart disease patients being investigated in the department.

The radioactive isotope laboratory continues to show gains in the numbers for diagnosis and treatment. A further extension of these amazing substances has been the use of radioactive gold and phosphorus.

In this past year further recognition has come to this department with the official cognizance by the Royal College of Physicians and Surgeons of Canada in granting training privileges for graduate medical doctors in Diagnostic and Therapeutic Radiology. It is planned to start training courses in the late summer of 1956, so that in a short time fully trained radiologists will come from this hospital to add their knowledge and skill to the community.

DEPARTMENT OF NURSING

This is the department having the largest numbers of staff. The full time employed staff is augmented by a large number of student nurses. Closely associated with these two groups are the Certified Nursing Aides, the orderlies and ward aides.

Two senior members of the staff retired after 26 and 33 years of service. There have been other staff replacements throughout the year, due mainly to marriage, returning to University or assuming other positions.

The Division of Nursing Service has had to increase its very busy staff to meet new commitments with the inauguration of the forty hour work week; the total increase was 34, of which 22 were graduate staff. The institution of this plan was smooth after several weeks of preliminary study.

A continuing educational program is maintained in order to attain higher standards of nursing care. Areas which will benefit from this are the Operating Rooms, the Obstetrical Department and all areas in the hospital having surgical patients. Two staff members have taken courses at the University of Alberta in Teaching and Supervision.

In the Division of Nursing Education are two hundred and eighty-seven student nurses. In September, 1955 there were ninety new students taken in and a further class of twenty-one entered in January, 1956.

Of particular interest also in September, 1955, was the beginning of an affiliation program by student nurses from the Archer Memorial Hospital, Lamont, in our Pediatric Division.

At the graduation exercises, May, 1956, the first award of the prize of the Chairman of the University

A class in nursing arts

Hospital Board was made to the student who had the highest standing in the theory and practice of nursing during the three years of training.

The Nurses' Residence is undergoing an increase in student room accommodation and expansion of teaching facilities. Additional single rooms for one hundred and ten students will allow a larger number of students to train here.

Other improvements have been made in furnishings, kitchen renovations, stage curtains in the auditorium and new drapes hung in the lounge rooms.

Nursing Service Administrative Staff

Nursing Education Administrative Staff

Jeanie S. Clark, R.N.
Director of Nursing

M. Ruth Thompson
Associate Director of Nursing Education

M. Jane Lees, R.N.
Associate Director of Nursing Service

PHARMACY

A review of the Pharmacy for the past year shows some interesting changes. The use of broad spectrum antibiotics and cortisone continues to decrease because of their more judicious use by the Medical Staff.

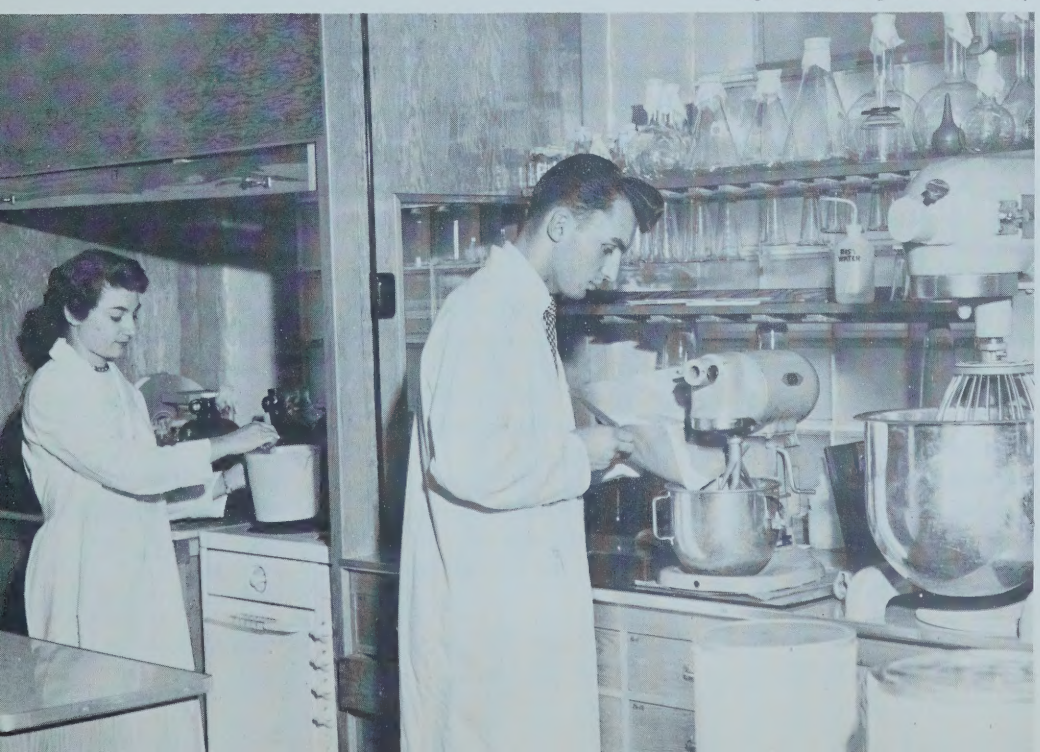
The revised Hospital Formulary is now in the process of production and will give further aid in improved patient care.

As another aid to better coverage from this department the provision of special emergency night drug stocks to be held in the Emergency Unit is underway.

The redesigning of the Pharmacy to provide more work space will allow for much more prepackaging of drugs in the lighter work periods. This will provide for rapid dispensing of many products in unit containers at a standard charge. The redesigning also allows for better storage space of bulk and packaged items.

A section of the Medical Records Library.

Drug manufacturing in the Pharmacy



PERSONAL SERVICE

A hospital is built and functions on the concept of giving personal service to those who come in need. The needs of the sick are almost as many and varied as the types of persons requiring care. There are the newborn infants, their mothers, older infants, children, young adults and older adults. Associated with this rough grouping are the myriads of conditions that are both common and special to nearly all these age groups.

Personal service for these many patients is provided by a large and trained staff of thirteen hundred and ten employees and students. On the average there are six hundred and eighty patients in our hospital every day. These figures show that for each patient there are almost two people fully employed, giving some type of efficient care or service toward that patient's recovery. Here are significant facts that indicate in many ways the complexity and completeness of good patient care — two people to give care to one patient.

The personal care given is not machine-like or robot in nature. It cannot be — it must be totally individual and only that as each patient is an individual. No one would wish it otherwise.

VOLUNTEER HELP

The Women's Auxiliary has continued to increase in numbers and activities. The areas covered in providing volunteer help by the Auxilians has widened to include many more groups than those in the Poliomyelitis Respirator Unit. Many of the non-professional duties previously done by regular staff personnel are now done on a volunteer basis, while at the same time continuing the high standard of help to the respirator patients. This was, of course, only able to be accomplished by the enlarging of the membership of the Auxiliary, by increasing interest in the hospital and a sincere desire to help ones' fellow.

Two special events, in addition to the hours of work on wards and teaching assistance, were the Christmas party for all respirator patients in the hospital and, the Christmas gifts presented to female public ward patients and to patients at the O.P.D.

The Junior Hospital League continues to be very helpful and faithful in the work with our children patients. The special parties, aid to the teaching program, provision of toys and ward helps are all so much appreciated by our little patients.

Without these and the many individuals and other groups our tasks would be much more difficult to carry out. Our sincere appreciation is extended to all of them.

BANKS

Today's modern hospital keeps pace with medical advances in very many ways. One of the more recent of these is the maintenance of banks wherein body tissues are preserved and kept for use at later times. The two most common banks are those for bone and blood vessels. These banks do not require deposits before withdrawals but are maintained for the supply of these special tissues for any patients needing them.

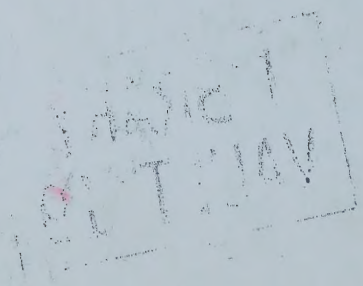
There are several methods of preparing the bones and vessels and these are very complicated.

Tissues to be of use must be carefully selected prior to preparation. All the special processes are carried out under the careful supervision of medical and technical specialists.

The great value of these banks is that frequently it is necessary to replace human tissues by operative procedures as the result of disease. In many instances there is not suitable tissue available from the patient and that from the bank is used.

Newer methods are continually being developed and now-a-days special synthetic materials, related to common household plastics, are coming into use as substitutes for some human tissues. These new substances are extending the fields of surgery so that it is not always necessary to delay delicate and vital surgery until the proper material from a bank is available. Some of these new synthetics are at times used to replace damaged blood vessels.

It is believed that the time is not long before a host of body tissues can be selected, prepared and preserved, and used to replace damaged tissues for most of the several types of body structures.



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